Filed 06/19/2008 3 Page 1 of 80R 1 7 2008 Case 5:07-cv-02813-JW Document 68-14 ENTERED

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

APR 1 7 2008 Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.			
	Please review and, if necessary, co	orrect on the line t	o the right your contact inform	nation:
	Cadence Employee ID # 104274 Last four digits of Social Security	number		
	llılınlılırlılılınılıllınllınıllınılırl Philip Michael Harrison	lmlalalılıl		
	If you wish, please add further cor and/or Class Counsel to reach you settlement check.			
	Telephone number (daytime): Telephone number (evening) E-mail:		 	
2.	Your Estimated Settlement Shar	e, Dates of Empl	oyment, and Work Location	
	Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	-		
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	CA			

Claim Form

Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

	3.	I wish to	receive my	share	of the	proposed	Settlement.
--	----	-----------	------------	-------	--------	----------	-------------

Philip Harrison 4/14

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received De APR 1 3 2008 Judement Services, Inc.

ENTELED AFR 1 5 2008

CLAIM FORM

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.			
	Please review and, if necessary, co	rrect on the line to	the right your contact informa	tion:
	Cadence Employee ID # 104274 Last four digits of Social Security	number		
		ուժուհոհե		
	Philip Michael Harrison	108	<u></u>	
	-			
	If you wish, please add further con and/or Class Counsel to reach you settlement check.	tact information he in the event there a	re. This will help the Settlemore questions or difficulties sen	ent Administrator ding you your
	Telephone number (daytime): Telephone number (evening) E-mail:			
,	Your Estimated Settlement Shar	e, Dates of Employ	ment, and Work Location	
•	Cadence Design Systems, Inc.'s re	cords show that you		n a Covered
	Position during the Covered Period follows:	ing domina in the	(200 3 11m o1 ma on	ass Notice) as
	_		Dates of Employment	ass Notice) as
	_			ass Notice) as



Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

_		•	1 . C.1	A C - 441
4	1 wash f	n teceive mv	share of the	proposed Settlement.

Philip Harrison

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

*PR 1 5 2008

acment Services. Inc.

Received By

2008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 ENTERED APR 2 1 2008

Received By

APR 2 1 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 105677 Last four digits of Social Security number
	IlliumIlliuhluhluhlliuhlliuhlliuhlliuhlliuhlli
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows: Dates of Employment
	State(s) Where You Worked Start Date End Date
	MA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

APR 1 1 2008

ertlement Services, Inc.

ENTERED APR 1 1 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Your Contact Information.	
Please review and, if necessary, correct on the line to the	he right your contact information:
Cadence Employee ID # 107977 Last four digits of Social Security number	
llılırlırıllırılırılırılırıllırıllırıl	
· • •	<u> </u>
and/or Class Counsel to reach you in the event there are settlement check.	e questions or difficulties sending you your
Telephone number (daytime): Telephone number (evening) E-mail:	
Hmgii'	
	ment. and Work Location
Your Estimated Settlement Share, Dates of Employr	
	were employed by Cadence in a Covered
Your Estimated Settlement Share, Dates of Employed Cadence Design Systems, Inc.'s records show that you Position during the Covered Period as defined in the Set follows:	were employed by Cadence in a Covered ttlement (see § 1.a. of the Class Notice) as
	Cadence Employee ID # 107977 Last four digits of Social Security number Illumination of Social Security number

(X)

Your estimated Settlement Based on this information, your estimated Settlement Share is \$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement. Apend 8

Signature Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form-must be mailed or delivered to the Settlement Administrator at:-

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Page 9 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 0 9 2008
Settlement Services, Inc.

ENTERED MAY 1 2 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.		
	Please review and, if necessary, co	prrect on the line to	the right your contact information:
	Cadence Employee ID # 115401 Last four digits of Social Security	numbei	
	ludluddaladaddaladaddaladadd Allen P Haves 26	ılındlımılli	
	If you wish, please add further cor and/or Class Counsel to reach you settlement check.	ntact information he in the event there a	ere. This will help the Settlement Administrator are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		
2.	Your Estimated Settlement Shar	e, Dates of Emplo	yment, and Work Location
	Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	cords show that yo d as defined in the S	u were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as
		_	Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	NY	· · · · · · · · · · · · · · · · · · ·	



If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Allen P. Hayes
Signature

Date

, 2008

Page 10 of 80

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By
APR 1 1 2008
Pertiement Services. Inc.

ENTERED APR 1 1 2008

CLAIM FORM

CA

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, correct on the line to the right your contact information:			
	Cadence Employee ID # 108492 Last four digits of Social Security number:			
	lululululululululululululululululululu			
	~ -			
	If you wish, please add further contact information here. The and/or Class Counsel to reach you in the event there are que settlement check. Telephone number (daytime):	stions or difficulties sending you your		
	Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share, Dates of Employment	, and Work Location		
	Cadence Design Systems, Inc.'s records show that you were Position during the Covered Period as defined in the Settlem follows:	employed by Cadence in a Covered ent (see § 1.a. of the Class Notice) as		
	State(s) Where You Worked Start Date	End Date		
		the state of the s		

OP L

Based on this information, your estimated Settlement Share is \$\ \text{...}\$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

April 7 , 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator
Post Office Rev. 1757

Tel.: (866)854-6044 Fax: (850)385-6008

Received B.

JUN 02 2008

Settlement Services

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 70869 Last four digits of Social Security number ———————————————————————————————————
	Hduddullulululululululululululululululul
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as
	follows:
	Dates of Employment
	State(s) Where You Worked Start Date End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, isagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW

Document 68-14

Filed 06/19/2008

08 Page 15 of 80 ENTERED MAY 0 8 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

MAY 08 2008 pettlement Services. Inc.

Received By

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.				
Please review and, if necessary, correct on the line to the right your contact information:					
	Cadence Employee ID # 107671 Last four digits of Social Security	number			 -
	Hdodallladaldadallaladlada				
	Poonam G. Hemrajani 17	O		· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
	If you wish, please add further con and/or Class Counsel to reach you settlement check.	tact information her in the event there a	re. This will help re questions or dif	the Settlement Acticulties sending	dministrator you your
	Telephone number (daytime): Telephone number (evening)				 -
	E-mail:			6 /1	- ·
2.	Your Estimated Settlement Share	e, Dates of Employ	ment, and Work	Location U	
	Cadence Design Systems, Inc.'s rec Position during the Covered Period	cords show that you	ı were employed l	by Cadence in a C	overed otice) as
	follows:		· · · · · · · · · · · · · · · · · · ·		
			Dates of Employm	ient	
	State(s) Where You Worked	Start Date	En	d Date	
	CA	- -			·

Based on this information, your estimated Settlement Share is \$\(\) . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date , 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW

Document 68-14

Filed 06/19/2008

Page 17 of 80

115

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 12 2008 Settlement Services, Inc

ENTERED MAY 1 2 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

ı.	Your Contact Information.				
	Please review and, if necessary, co	rrect on the line	to the right your contact information	n:	
	Cadence Employee ID # 100065 Last four digits of Social Security 1	number			
	llılınlılınıllınllınlınlılılı Gregory Hicks 154	nhulllul			
	If you wish, please add further con and/or Class Counsel to reach you settlement check.	tact information in the event there	here. This will help the Settlement e are questions or difficulties sendin	Administrator g you your	
	Telephone number (daytime): Telephone number (evening) E-mail:				
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	cords show that y as defined in the	you were employed by Cadence in a e Settlement (see § 1.a. of the Class	Covered Notice) as	
			Dates of Employment		
	State(s) Where You Worked	Start Date	End Date		
	CA				

. Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement. Signature

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW Document 68-14 Filed 06/19/2008

08 Page 19 of 80

ENTERED MAY 1 6 2008

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received Bv
MAY 1 6 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.					
	Please review and, if necessary, corre	ect on the line to	the right your contact information:			
	Cadence Employee ID # 102692 Last four digits of Social Security num	mber				
	llılınlıdıdıdıdıdıdıdıdlıdınlllıdlıd Ahmed M. Higazi 196	nlmlhl				
	If you wish, please add further contact and/or Class Counsel to reach you in settlement check.	et information he the event there a	ere. This will help the Settlement Administrator are questions or difficulties sending you your			
	Telephone number (daytime): Telephone number (evening) E-mail:		- 			
2.	Your Estimated Settlement Share.	Dates of Employ	yment, and Work Location			
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:					
			Dates of Employment			
	State(s) Where You Worked	Start Date	End Date			
	CA	· = · ·				

1 of 2 Claim Form HA IR

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Settlement Administrator. Your actual Settlement Share may end up being higher or lower than

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date

Page 20 of 80

4. Postmark Deadline

estimated.

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

ENTERED MAY 1 3 2008 Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 1 3 2008 ettlement Services, Inc

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

Please review and, if necessary, correct on the line to the right your contact information: Cadence Employee ID # 102692 Last four digits of Social Security number Last four digits of line to the right your contact information:	:
Last four digits of Social Security number	<u>. </u>
Ahmed M. Higazi 196	
If you wish, please add further contact information here. This will help the Settlement A and/or Class Counsel to reach you in the event there are questions or difficulties sending settlement check.	
Telephone number (daytime): Telephone number (evening) E-mail:	-
2. Your Estimated Settlement Share, Dates of Employment, and Work Location	•
Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class N follows:	
Dates of Employment	
State(s) Where You Worked Start Date End Date	

CA



. Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW

Document 68-14

Filed 06/19/2008

Page 23 of 80

ENTERED JUN 0 2 2008 Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

JUN 02 2008

Settlement Services, In-



3 2 200°

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information			
	Please review and, if necessary, co	orrect on the line	e to the right your contact information:	
	Cadence Employee ID #: 112362 Last four digits of Social Security	number.		- -
	Clark J. Hill			-
				-
			here. This will help the Settlement Admire are questions or difficulties sending you	
	Telephone number (evening) E-mail:		-	
2.	Your Estimated Settlement Shar	e, Dates of Em	ployment, and Work Location	
			you were employed by Cadence in a Cove e Settlement (see § 1.a. of the Class Notic	
	•		Dates of Employment	7
	State(s) Where You Worked	Start Date	End Date	Ī
	TX			



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finany approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my-claims.

3. I wish to receive my share of the proposed Settlement.

Signature

 $\frac{730}{200}$, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. // A.
Class Action Settlement Administrator
Post Office Box 1756

Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By
MAY 12 2008
Settlement Services, In-

ENTERED MAY 1 2 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

. Your Contact Information.	
Please review and, if necessary, correct on the lin	e to the right your contact information:
Cadence Employee ID # 112150 Last four digits of Social Security number	
lldudulldudladddaladdddaladdd Edward A. Hirsch 127	
If you wish, please add further contact informatio and/or Class Counsel to reach you in the event the settlement check.	n here. This will help the Settlement Administratorere are questions or difficulties sending you your
Telephone number (daytime): Telephone number (evening) E-mail:	
Your Estimated Settlement Share, Dates of Em	ployment, and Work Location
Cadence Design Systems, Inc.'s records show that Position during the Covered Period as defined in the follows:	t you were employed by Cadence in a Covered the Settlement (see § 1.a. of the Class Notice) as Dates of Employment
State(s) Where You Worked Start Date	End Date
State(5) where for worker State Date	Ind Date

 \mathcal{A}

2.

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

 $\frac{7-27}{2008}$

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-14 Filed 06/19/2008 Page 27 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
APR 2 1 2008
Settlement Services, Inc.

ENTERED APR 2 1 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, cor	rect on the line to the	right your contact inform	ation:
	Cadence Employee ID # 201745 Last four digits of Social Security n	umber		
	lldadaldaldadaldaldalalaldal Ernest Sc Ho 113	ulluullul		
	If you wish, please add further contand/or Class Counsel to reach you is settlement check.	act information here. n the event there are q	This will help the Settlem uestions or difficulties se	nent Administrator nding you your
	Telephone number (daytime): Telephone number (evening) E-mail:		-	
2.	Your Estimated Settlement Share	, Dates of Employme	nt, and Work Location	
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	as defined in the Settle	ere employed by Cadence ement (see § 1.a. of the C	in a Covered lass Notice) as
	State(s) Where You Worked	Start Date	End Date	
	CA			

A V

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I	I wish to receive my share of the proposed Settlement.	4/15	, 2008
	Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

ENTERED APR 1 7 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

APR 1 6 2008

settlement Services, Inc.

CLAIM FORM

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

. Your Contact Information.			
Please review and, if necessary, c	orrect on the line	to the right your contact information:	
Cadence Employee ID # 201745 Last four digits of Social Security			
lldenluldbildenluldbildbildbildbild Ernest Sc Ho 113	lraffuattul		
If you wish, please add further con and/or Class Counsel to reach you settlement check.	ntact information l in the event there	nere. This will help the Settlement Admin are questions or difficulties sending you y	istrato your
Telephone number (daytime): Telephone number (evening) E-mail:			
Your Estimated Settlement Shar	e, Dates of Empl	oyment, and Work Location	
Cadence Design Systems, Inc.'s re	cords show that w	ou were employed by Cadence in a Covere Settlement (see § 1.a. of the Class Notice)	xd) as
		Dates of Employment	
State(s) Where You Worked	Start Date	End Date	
CA		27 2770	



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3.	I wish to receive my share of the proposed Settlement.		
	I wish to receive my share of the proposed Settlement.	4/15	, 2008
	Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@Ichb.com, or 1-800-541-7358.

ax-succles for ex-028 44 Ap/2098 clines 88 PM PAGE 06/14/2008 Fax 59 ye bo

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756 Received By APR 1 6 2008 scalement Services, in

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

CEAUM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or **DELIVERED** (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Your Contact Inform	ation:		
Please review and, if no	eessary, correct on the	line to the right your conta	ct information:
Cadence Employee ID Last four digits of Soci			
ilidmiabhlidatabhlid Emest Sc Ho	halladallilladhadlad 113		
		tion here. This will help the there are questions or diffi	
Telephone number (day Telephone number (evo E-mail:			<u> </u>
Your Estimated Settle	ment Share, Dates of I	<u>Employment and Work I</u>	<u>ocation</u>
		hat you were employed by n the Settlement (see § 1.a	
		Dates of Employme	nt
State(s) Where You	Worked Start Date	End	Date
CA			



If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. Thave read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Coursel to act on my behalf in all matters relating to this action, including the settlement of my claims.

		\sim . \sim	. 10	2.1		
3 V	vish to receiv	vermy share of	the proposed S	ententent		
		/ 07 III				
		(A)MHP		L	i l. 15	2000
		UVANNA T				,2008
	Comment of the Control of the Contro	0.000	Contract of the Contract of th			
			Application of the second		~	
	Sio	nature			Date	

4. Posimark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 0 6 2008

Settlement Services, Inc.

ENTERED :::: 0 6 2008

CLAIM FORM

CA

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, corn	rect on the line to the	right your contact information:	
	Cadence Employee ID # 108961 Last four digits of Social Security m	umber		
	llılındı.lllındı.llılıdı.lıdı.lıdı.lıdı.	Hudllad		
				
	If you wish, please add further conta and/or Class Counsel to reach you in settlement check.			
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share,	Dates of Employme	ent, and Work Location	
	Cadence Design Systems, Inc.'s reco Position during the Covered Period a follows:	as defined in the Settl		
	State(s) Where You Worked	Start Date	End Date	

Based on this information, your estimated Settlement Share is \$\) Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

May 4

, 200

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

ENTERED JUN 0 5 2008

Received B

Settlement Services, In

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.			
	Please review and, if necessary, con	rrect on the line to	the right your contact information:	
	Cadence Employee ID # 111090 Last four digits of Social Security r	number	·	-
	lldokododdaddalladddaddaddaddd James Holm - 88	aldaalld		- -
			ere. This will help the Settlement Admi	
•			ere. This will help the Settlement Admi are questions or difficulties sending you	
•	and/or Class Counsel to reach you i			
. 2.	and/or Class Counsel to reach you is settlement check. Telephone number (daytime): Telephone number (evening)	in the event there	are questions or difficulties sending you	
	and/or Class Counsel to reach you is settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share Cadence Design Systems, Inc.'s recommendations.	e. Dates of Employed	are questions or difficulties sending you	your
2.	and/or Class Counsel to reach you is settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share Cadence Design Systems, Inc.'s received Position during the Covered Period	e. Dates of Employed	eyment, and Work Location ou were employed by Cadence in a Cove	your

dyb

OR

04 08 12:44p

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

May a Holo	06/04	, 2008
Signature	Date	·

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

Document 68-14 7-17 iled 06/19/2008

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Page 37 of 80

ENTERED APR 1 4 2008
Received is

APR 14 2008

Settlement Services .

CLAIM FORM

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.		
	Please review and, if necessary, co	rrect on the line	e to the right your contact information:
	Cadence Employee ID # 113863 Last four digits of Social Security	number	· · · · · · · · · · · · · · · · · · ·
	lulluullilluulilluulillilluulill Richard W. Hutchison 45		· · · · · · · · · · · · · · · · · · ·
			n here. This will help the Settlement Administrato are are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	•	
•	Your Estimated Settlement Share	e, Dates of Em	ployment, and Work Location
			you were employed by Cadence in a Covered he Settlement (see § 1.a. of the Class Notice) as
			Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		
	UT		
	GA		

& Jr

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

re Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higus

Higazi v. Cadence Design Systems, IncENTERED JUN 0 5 2008

Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

JUN 0 4 2008 settlement Services, Inc.

CLAIM FORM

UT

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1,	. Your Contact Information.			
	Please review and, if necessary, correct	t on the line to the	right your contact information:	
	Cadence Employee ID # 112396 Last four digits of Social Security num	ber		
	llludulululullulluudululululululululul Raju Ilango 31	llll		
	If you wish, please add further contact and/or Class Counsel to reach you in the settlement check.	information here. ne event there are q	This will help the Settlement Admini- uestions or difficulties sending you ye	strator our
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share. D	ates of Employme	nt, and Work Location	
	Cadence Design Systems, Inc.'s record Position during the Covered Period as follows:	s show that you we defined in the Settle	ere employed by Cadence in a Covere ement (see § 1.a. of the Class Notice)	d as
		Date	es of Employment	
	State(s) Where You Worked St	art Date	End Date	

1 of 2 Claim Form def

Based on this information, your estimated Settlement Share is

Your estimated Settlement
Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class
Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the
Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to
the Labor and Workforce Development Agency of the State of California, and the payment to the
Settlement Administrator. Your actual Settlement Share may end up being higher or lower than
estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3.	I wish to receive my share of the proposed Settlement.	•	
	1. Ron	06/03	, 2008
	Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?



Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 **ENTERED** JUN 04 7008 ettlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.			
	Please review and, if necessary, co	orrect on the line to	o the right your contact inf	ormation:
	Cadence Employee ID # 112396 Last four digits of Social Security	number		
	Ilbololukallollaakhlohblollal Raju Ilango 31	landhadll		
	·			
	•			
	If you wish, please add further cor and/or Class Counsel to reach you settlement check.			
	Telephone number (daytime): Telephone number (evening) E-mail:		-	
2_	Your Estimated Settlement Shar	e, Dates of Emple	ovment, and Work Locat	nun.
	Cadence Design Systems, Inc.'s re Position during the Covered Period follows:			
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	_			

UT

2.



Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.		
1. hon	06/03/	, 2008
Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

Document 68-14 Filed 06/19/2008

Page 43 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 2 8 2008 Received By

MAY 27 7008

Settlement Services, In-

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

Cadence Employee ID # 111222 Last four digits of Social Security number	1.	Your Contact Information. Please review and, if necessary, correct on the line to the second	the right your contact information:
		G. 1 Employee ID # 111222	
		F7	
If you wish, please add further contact information here. This will help the Settlement Administrate and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.		and/or Class Counsel to feach you in the cycles settlement check.	ere. This will help the Settlement Administrator are questions or difficulties sending you your
Telephone number (daytime): Telephone number (evening) E-mail:		Telephone number (evening)	
E-mail: 2. Your Estimated Settlement Share, Dates of Employment, and Work Location 1. Your Estimated Settlement Share, Dates of Employment, and Work Location 2. Your Estimated Settlement Share, Dates of Employment, and Work Location	_	Warn Estimated Settlement Share, Dates of Emplo	oyment, and Work Location
Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Observed Period as defined in the Settlement (see § 1.a. of the Class Notice) as Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as	2.	Cadence Design Systems, Inc.'s records show that you Position during the Covered Period as defined in the	ou were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as
follows: Dates of Employment		follows:	
End Date			
State(s) Where You Worked Start Date End Date		State(s) Where You Worked Start Date	End Date
State(s) Where		State(s) Where 2.5	

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

May 70

2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-14 Filed 06/19/2008 Page 45 of 80 ENTERED MAY 0 8 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 0 8 2008
**Ettlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Ple	ease review and, if necessary, correct on the line to the r	right your contact information:
	dence Employee ID # 106540 st four digits of Social Security number	
		•
-	ldududdaladdaladdaladdaladaladaladdal Marie Jacobson-Roark 136	
-	-	·····
and	you wish, please add further contact information here. It does not class Counsel to reach you in the event there are qualities the check.	
Tel	lephone number (daytime): lephone number (evening) nail:	
2. <u>Yo</u>	ur Estimated Settlement Share, Dates of Employmen	nt, and Work Location
Pos	dence Design Systems, Inc.'s records show that you we sition during the Covered Period as defined in the Settle lows:	ement (see § 1.a. of the Class Notice) as
Γ	State(s) Where You Worked Start Date	s of Employment End Date

Mb

Based on this information, your estimated Settlement Share is \$\frac{1}{2}\$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

a: (/

Dáte

2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008



CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 118433 Last four digits of Social Security number
	Hduduhldudhulludhu
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows: Dates of Employment
	State(s) Where You Worked Start Date End Date

CA



. Your estimated Settlement Based on this information, your estimated Settlement Share is \$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

May 3il

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Filed 06/19/2008 Pagey49 of 2008 Case 5:07-cv-02813-JW Document 68

Higazi v. Cadence Design Systems, The.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 1 2 2008 services, Inc.

CLAIM FORM

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.		•
	Please review and, if necessary, co	rrect on the line t	o the right your contact information:
	Cadence Employee ID # 7693 Last four digits of Social Security	number	
	lldadddlaaddaddalladlaaddadd Beatrice K. Kajiko 15		
	If you wish, please add further con and/or Class Counsel to reach you settlement check.	tact information in the event there	here. This will help the Settlement Administrator are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		
2.	Your Estimated Settlement Shar	e. Dates of Emp	loyment, and Work Location
	Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	cords show that y	you were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as
			Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		

1 of 2 Claim Form

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

5/12/08

2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 1 2 2008

Jettlement Services, Inc.

5. Questions?

ENTERED MAY 0 8 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 08 2008 Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

Cadence Employee ID # 10258 Last four digits of Social Secur		
l	.1.1111.11	
Michael W Kernin	15 š	
	\$1	
• **		9
		e. This will help the Settlement Admin e questions or difficulties sending you
and/or Class Counsel to reach y settlement check. Telephone number (daytime):		
and/or Class Counsel to reach y settlement check.		
and/or Class Counsel to reach y settlement check. Telephone number (daytime): Telephone number (evening)	you in the event there are	e questions or difficulties sending you
and/or Glass Counsel to reach y settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement S Cadence Design Systems, Inc.	hare, Dates of Employs s records show that you riod as defined in the Se	e questions or difficulties sending you

1 of 2 Claim Form

Your estimated Settlement Based on this information, your estimated Settlement Share is \$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 0 6 2008

Received By
MAY 0 5 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 109362 Last four digits of Social Security number 4
	lldadddaalladddalladddalladd David F King 141
	If you wish, please add further contact information here. This will help the Settlement Administrate and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows: Dates of Employment
	State(s) Where You Worked Start Date End Date
	Suite(b) Whote real ways and the suite state of the
	CA



Based on this information, your estimated Settlement Share is \$\ \text{. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature I

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, InENTERED MAY 3 0 2008 Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 3 0 2008

pettlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

l.	Your Contact Information.	
	Please review and, if necessary, correct on the line to	the right your contact information.
	Cadence Employee ID # 114548 Last four digits of Social Security number	
	luldludludludludludluddulludludludludlud	
	If you wish, please add further contact information hand/or Class Counsel to reach you in the event there settlement check.	nere. This will help the Settlement Administrator are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	
	Your Estimated Settlement Share, Dates of Empl	loyment, and Work Location
ļ.	Cadence Design Systems, Inc.'s records show that y Position during the Covered Period as defined in the	you were employed by Cadence III a Covercu
	follows:	Dates of Employment
	and the state of t	End Date
	State(s) Where You Worked Start Date	Lift Date
	270	

1 of 2 Claim Form

NC



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-141 Filed 06/19/2008 Page 57 of 80 ENTERED APR 1 8 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
APR 1 8 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, con	rrect on the line to the	right your contact in	formation:
	Cadence Employee ID # 109760 Last four digits of Social Security r	number		
	llılınınlllılınlınlınlllınılınlılınıllılınıl Gabriel H. Knight 106			
	If you wish, please add further cont and/or Class Counsel to reach you i settlement check.		_	
	Telephone number (daytime): Telephone number (evening) E-mail:		<u> </u>	
2.	Your Estimated Settlement Share	. Dates of Employme	ent, and Work Locat	tion .
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	as defined in the Settl		
	State(s) Where You Worked	Start Date	End Date	
	CA		•	



Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date

, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received B.

APR 1 6 7008
Settlement Services, h

ENTERED APR 1 6 2009

CLAIM FORM

2.

PA

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, co	rrect on the line to the	right your contact information:	
	Cadence Employee ID # 110091 Last four digits of Social Security 1	number		
	lııllııllıllılılılılılı.llıllı	dhaldlaal		
	-			
			This will help the Settlement Admini uestions or difficulties sending you y	
	Telephone number (daytime): Telephone number (evening) E-mail:			
	Your Estimated Settlement Share	e, Dates of Employme	nt, and Work Location	
			ere employed by Cadence in a Covere ement (see § 1.a. of the Class Notice)	
		Date	es of Employment	
	State(s) Where You Worked	Start Date	End Date	
	CA UT			. (



Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator** Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 0 6 2008 Settlement Services, Inc.

86

ENTERED MAY 0 6 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 112426 Last four digits of Social Security number
	llmllmlmlmlmlmlmlmlmlmlmlmlmlmlmlmlmlm
	,
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows: Dates of Employment
	State(s) Where You Worked Start Date End Date
	TX

UT



Based on this information, your estimated Settlement Share is \ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature Signature

May 2nd ,2008

4. Postmark Deadline.

Your Claim Form must be POSIMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?



MAY-02-08a581510732vAM281M3-ONE/LE RUSSELFhent 68-1/4

FANO NO 6/19/2008 N Page 63 of 80 P. 01 MAY 0 5 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tallanassee, FL 32302-1756 Tcl.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 0 2 2008

Hettlement Services, Inc.

CLAIM FORM

2,

NOTE: Please read the enclosed "Notice of (1) Proposed Class Scttlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.			
	Please review and, if necessary, correct of	on the line to the righ	ot your contact information:	
	Cadence Employee ID # 112426 Last four digits of Social Security number		12	- -
	lludludulludulldudddullluudl Rangeshwara R. Kona 181			-
	If you wish, please and further contact in and/or Class Counsel to reach you in the settlement check.	formation here. This event there are quest	s will help the Settlement Adm tions of difficulties sending you	– inistrator it your
	Telephone number (daytime): Telephone number (evening) E-mail:			-
•	Your Estimated Settlement Share, Dat	es of Employment,	and Work Location	- .
	Cadence Design Systems, Inc.'s records a Position during the Covered Period as defollows:	show that you were e fined in the Settleme	employed by Cadence in a Covent (see § 1.a. of the Class Notice	cred cc) as
	Γ*	Dates of	f Employment	7
	State(s) Where You Worked Start	Date	End Date	
	TX UT			



Based on this information, your estimated Settlement Share is \$\text{Your estimated Settlement}\$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature Signature

May 2nd ,2008

4. Postmark Deadline

Your Claim From must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Iligazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-14 Filed 06/19/2008 Page 65 of 80 ENTERED MAY 2 8 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received B

MAY 28 2008

Settlement Servi-

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information. Please review and, if necessary, corre	ct on the line to the r	right your contact information:	
	Cadence Employee ID # 111384 Last four digits of Social Security nur			
	lldaddllaaddlladdadladladladladladla Deena B. Kondubhatla	ահահվ 62		
	If you wish, please add further conta and/or Class Counsel to reach you in settlement check.	ct information here. I the event there are q	This will help the Settlement Administrat questions or difficulties sending you your	or
	Telephone number (daytime): Telephone number (evening) E-mail:		- , and Work Location	
2.	Position during the Covered Period	, Dates of Employm ords show that you was defined in the Sett	were employed by Cadence in a Covered telement (see § 1.a. of the Class Notice) as	
	follows:	Da	ates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	CA			

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.		
O. Deera Sah	05/21/	, 2008
Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator**

Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED JUN 0 4 2008

Received By JUN 03 2008 ettlement Services, Inc

CLAIM FORM

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.						
	Please review and, if necessary, cor	rect on the line	e to the r	ight your c	ontact info	rmation:	
	Cadence Employee ID # 111699 Last four digits of Social Security n	umber				· · · · · · · · · · · · · · · · · · ·	-
	llınllırlırlırıllırılırlırlırıllırı Syama Sundara Konduru						_
	- -						-
	If you wish, please add further cont and/or Class Counsel to reach you i settlement check.	act information the event the	n here. Tere are qu	This will houestions or	elp the Sett difficulties	lement Adm s sending you	inistratoı ı your
	Telephone number (daytime): Telephone number (evening) E-mail:					_	_
2.	Your Estimated Settlement Share	e, Dates of Em	ployme	nt, and W	ork Locati	on	
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	cords show tha as defined in t	t you we the Settle	ere employe ement (see	ed by Cade § 1.a. of the	nce in a Cov e Class Noti	ered ce) as
			Date	s of Emplo	yment		
	State(s) Where You Worked	Start Date			End Date		
	CA						:
	UT						→
	TX				α		(1)



Based on this information, your estimated Settlement Share is \$\text{Your estimated Settlement}\$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.		
- human	04/27/2008,2	2008
Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-14 Filed 06/19/2008 9 Page 69 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received Bv
MAY 0 5 2008
Settlement Services, In-

ENTERED MAY 0 6 2008

CLAIM FORM

TX

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Cadence Employee ID # 111699 Last four digits of Social Security number	Please review and, if necessary, co	orrect on the line to	the right your contact information:
If you wish, please add further contact information here. This will help the Settlement Adamd/or Class Counsel to reach you in the event there are questions or difficulties sending y settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share, Dates of Employment, and Work Location Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Corposition during the Covered Period as defined in the Settlement (see § 1.a. of the Class No follows:		number	
and/or Class Counsel to reach you in the event there are questions or difficulties sending y settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share, Dates of Employment, and Work Location Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Corposition during the Covered Period as defined in the Settlement (see § 1.a. of the Class No follows:		_	
and/or Class Counsel to reach you in the event there are questions or difficulties sending y settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share, Dates of Employment, and Work Location Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Corposition during the Covered Period as defined in the Settlement (see § 1.a. of the Class No follows:	•		
Telephone number (evening) E-mail: Your Estimated Settlement Share, Dates of Employment, and Work Location Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Corposition during the Covered Period as defined in the Settlement (see § 1.a. of the Class No follows:	and/or Class Counsel to reach you		
Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Coronic during the Covered Period as defined in the Settlement (see § 1.a. of the Class No follows:			
Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class No follows:	• •		
	E-mail:	e, Dates of Emplo	oyment, and Work Location
Dates of Employment	E-mail: <u>Your Estimated Settlement Shar</u> Cadence Design Systems, Inc.'s re Position during the Covered Period	cords show that yo	ou were employed by Cadence in a Covered
State(s) Where You Worked Start Date End Date	E-mail: <u>Your Estimated Settlement Shar</u> Cadence Design Systems, Inc.'s re Position during the Covered Period	cords show that yo	ou were employed by Cadence in a Covered



Based on this information, your estimated Settlement Share is \(\) Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

OU 27 2008

Signature

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

APR-29-68-70E 027:45V PHP8 1 CAPENCE DESTRING SYSTEMS 14

Filed NO.6/159234998130 Page 71 of 80 p. 02

ENTERED ADD 3 0 2008

Received By
APR 2 9 2008

Settlement Services, Inc.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

1.

2.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

Your Contact Information.			
Please review and, if necessary, con	rect on the line to	o the right your contact information:	
Cadence Employee ID # 111699 Last four digits of Social Security r	number		
lludluhlududllududlulududlu Syama Sundara Konduru	Ավեսեւ եւ 8		
If you wish, please add further com and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	tact information fin the event there	nere. This will help the Settlement Administrate are questions or difficulties sending you your	: or
Your Estimated Settlement Shar			
Cadence Design Systems, Inc.'s re- Position during the Covered Period follows:	cords show that y I as defined in the	ou were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as	
		Dates of Employment	
State(s) Where You Worked	Start Date	End Date	
CA UT TX		•	, (



Based on this information, your estimated Settlement Share is \$\text{Your estimated Settlement}\$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

04/27/2008,2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-14 Filed 06/19/2008 Page 73 of 80

Higazi v. Cadence Design Systems, Inc. ENTERED MAY 1 9 2008
Class Action Settlement Administrator Received By

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 MAY 1 9 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	1. Your Contact Information.	
	Please review and, if necessary, correct on the line to the right your of	contact information:
	Cadence Employee ID # 1257 Last four digits of Social Security number ———————————————————————————————————	
	lldudduullulluldddalalalludluulluulld Bruce T. Krasinski 34	
	If you wish, please add further contact information here. This will he and/or Class Counsel to reach you in the event there are questions or settlement check.	nelp the Settlement Administrator difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	
2.	2. Your Estimated Settlement Share, Dates of Employment, and W	ork Location
	Cadence Design Systems, Inc.'s records show that you were employ Position during the Covered Period as defined in the Settlement (see	red by Cadence in a Covered
	follows: Dates of Empl	oyment
		End Date
	State(s) Where You Worked Start Date	
	CA	

1 of 2 Claim Form TH H

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

EN and 200

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
JUN 0 3 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Your Contact Information.			
Please review and, if necessary, c	orrect on the line t	o the right your contact inform	ation:
Cadence Employee ID # 106471 Last four digits of Social Security	number -		
lldadladladladadladladladladladladladlad	lintalalall 15		
-			
If you wish, please add further con and/or Class Counsel to reach you settlement check.	ntact information he in the event there	ere. This will help the Settlen are questions or difficulties se	nent Administrator nding you your
Telephone number (daytime): Telephone number (evening) E-mail:			. mag
Your Estimated Settlement Shar	re, Dates of Empl	ovment, and Work Location	
Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	ecords show that you das defined in the	ou were employed by Cadence Settlement (see § 1.a. of the C	in a Covered lass Notice) as
		Dates of Employment	
State(s) Where You Worked	Start Date	End Date	
CA			

CA

2.



un 02 08 02:39p

Michael Krause

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems. Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Michael Krause 4/21, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW Document 68-14 Filed 06/19/2008 Page 77 of 80 APR 2 8 2008

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 RECEIVED BY

APR 28 2008

SSI

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

	Your Contact Information.		
	Please review and, if necessary, correct on the line to the	e right your contact information:	
	Cadence Employee ID # 106471 Last four digits of Social Security number		
	Ildudlullududududlududududud Michael P. Krause 115		
	If you wish, please add further contact information here and/or Class Counsel to reach you in the event there are settlement check.		
	and/or Class Counsel to reach you in the event there are		
2.	and/or Class Counsel to reach you in the event there are settlement check. Telephone number (daytime): Telephone number (evening)	questions or difficulties sending you yo	
2.	and/or Class Counsel to reach you in the event there are settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	nent, and Work Location were employed by Cadence in a Covered	our -
2.	and/or Class Counsel to reach you in the event there are settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share, Dates of Employne Cadence Design Systems, Inc.'s records show that you we position during the Covered Period as defined in the Set follows:	nent, and Work Location were employed by Cadence in a Covered	our -

myb)

Your estimated Settlement Based on this information, your estimated Settlement Share is \$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Michael Krause

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JWtass Dection Settlement Admitted strates 2008

Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Page 79 of 80 ENTERED MAY 1 6 2008

Received By MAY 1 6 2008 Settlement Services, 11

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.				
	Please review and, if necessary, co	rrect on the line to the i	right your contact information:		
	Cadence Employee ID # 104932 Last four digits of Social Security r	number ^			
	llılındılınıllıdıldındlıdıdındınıllın Santosh Kulkarni 50	dhllmllnt			
	If you wish, please add further contand/or Class Counsel to reach you settlement check.				
	Telephone number (daytime): Telephone number (evening) E-mail:				
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:				
		Dates of Employment			
	State(s) Where You Worked	Start Date	End Date		
	CA				

1 of 2 Claim Form

Members participate and summit valve claims, and this and court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3.	I wish to receive my share of the proposed Settlement.		
	Janhhline	04/24/2008	, 2008
	Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

aimoer above or class counser (the attorneys who represent the class) at					
ttp://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.					
2 of 2					